Medicare Requirements for an Electric Scooter or Electric Wheelchair

The following summary will help the prescribing physician to determine whether the patient has met the criteria for Medicare coverage of:

• Power Operated Vehicle (e.g. Motorized Scooter) or
• Motorized Wheelchair

This summary information is obtained from the Local Coverage Determination (LCD) for **Power Mobility Devices (PMD)** (L21271) provided by the CMS's payment contractor.

This original article should be reviewed for full coverage guidelines, and can be accessed at:


**Medicare only pays for Power Mobility Devices (PMD)**

• Power Operated Vehicle (Motorized Scooter) or
• Motorized Wheelchair

when patient needs these devices to move around **inside the home**. Patient may use them outside the home also, but only when the "**home use requirement**" is met.

**If the patient only uses a PMD outside the home and not inside, the device will NOT be covered by Medicare.**

**The primary purpose of a PMD is for HOME USE. It is not for outside use, ie: to provide access to shops or doctor's office.**
Guidelines for prescriber to order a Power Mobility Device:

(As a Medicare Supplier, we cannot process the order until we obtain all necessary information from the prescriber with these steps completed.
We are not allowed to provide forms for filling out. Physicians need to generate the following to prove that the patient met all criteria:

- own clinical notes
- Face-to-face report)

Patient: ___________________________________________________ DOB:__________________ M   /   F
Prescriber:  ______________________________________________________________________________

Step 1:  Send us a copy of patient's clinical notes showing that the basic criteria have been met. There must be descriptions of all of the following:

- Patient has mobility limitation that significantly impairs his/her ability to participate in mobility-related activities of daily living at home.
- Neither cane nor walker nor manual wheelchair can help the patient.
- Patient has the mental and physical capabilities to operate a powered wheelchair or scooter.

Please read Details on* General Coverage Criteria

Completion Date:

Step 2:  Send us a Face-to-face Examination of the patient to provide Medicare with additional information to justify the need. (Supplier will stamp receipt date of report)

Please read details on Requirements for a **Face-to-Face Examination

Completion Date:

Step 3: Send us an order filled out by physician only listing 7- elements:

1. Beneficiary's name
2. A general description of the item ordered, e.g. Powered Mobility Device
3. Date of Face-to-face Examination
4. Pertinent diagnoses/conditions that relate to the need
5. Length of need
6. Physician's signature
7. Date of physician's signature.

(Supplier requires to stamp receipt date of 7-element Order)

Completion Date:

Step 4: Sign and send back a Detailed Written Order (DWO) from supplier providing detailed specifications of the Powered Mobility Device, e.g. model, functions, etc.

(Supplier required to stamp receipt date of this signed DWO)

Completion Date:

Step 5: Once we have received the Detailed Written Order from physician, we will arrange a visit to patient's home for an on-site home assessment. Home assessment will include information about the home's physical layout, doorway widths, floor surface, patient's skill, mental and physical capabilities, etc.

Completion Date:

Step 6: Once on-site home assessment has been completed, we will obtain prior authorization from patient's insurance before dispensing the item.
* General Coverage Criteria for a Power Mobility Device (PMD)
e.g. Electric Scooter or Electric Wheelchair:

These are basic justification of coverage and must be documented in the prescriber's clinical notes. Supplier cannot provide forms. Simple diagnosis codes or terms will not be sufficient to meet Medicare requirements. Suppliers can only provide the item after reading and verifying that these notes have met Medicare requirements.

These are only highlights of the requirements.

1. The patient has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADLS) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home. That means patient cannot do any of these functions without a PMD or within a reasonable time frame. What are the pertinent diagnoses and conditions?

2. The patient's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker. Have you tried and failed?

3. The patient does not have sufficient upper extremity function to self-propel a manual wheelchair. What is the extent of this problem?

4. The patient is able to safely transfer to and from a Scooter, and operate the tiller steering system and maintain postural stability. How have you determined that?

5. The patient's mental capabilities (e.g. cognition, judgment) and physical capabilities are adequate. How have you determined that?

6. If patient cannot operate a Scooter, he/she is able to operate a power wheelchair safely in the home. How have you determined that?

7. If patient cannot operate a power wheelchair, he/she has a caregiver who cannot physically push a manual wheelchair and is available, willing and able to safely operate the power wheelchair with patient in it. Who is the care giver, and why is he/she not able to push a manual wheelchair?

7. Patient's home provides adequate access between rooms, maneuvering space, and surfaces for the operation of the power wheelchair. How have you determined that?

8. Use of the PMD will significantly improve the patient's ability to participate in MRADLS in the home. How have you determined that?
** FACE -To -FACE EXAMINATION for a PMD**

This is a report required by Medicare for a prescriber to order a Power Motorized Device (PMD) such as an Electric Scooter or Motorized Wheelchair. The physician must perform an examination of the patient and record in detail. Suppliers need to receive this report before processing the order. Supplier also cannot provide forms to fill out.

This particular examination must be documented in a detailed narrative note in the physician’s charts in a format that they use for other entries. The note must also clearly indicate that a major reason for this visit was a mobility examination. "A copy of this chart" should then be sent to the supplier.

A separate form, affidavit or certificate of justification other than a "copy of the chart" that includes the Face-to-Face examination is NOT acceptable to Medicare.

These are only highlights of the requirements. Refer for details: [http://www.medicarenhic.com/viewdoc.aspx?id=2712](http://www.medicarenhic.com/viewdoc.aspx?id=2712)

The report should provide pertinent information about the following elements, but may include other details.

- History of the present condition(s) and past medical history that is relevant to mobility needs.
- Symptoms that limit ambulation
- Diagnoses that are responsible for these symptoms
- Medications or other treatment for these symptoms
- Progression of ambulation difficulty over time
- Other diagnoses that may relate to ambulatory problems
- How far the beneficiary can walk without stopping?
- Pace of ambulation
- What ambulatory assistance (cane, walker, wheelchair and/or caregiver) is currently used?
- What has changed to now require use of a power mobility device?
- Ability to stand up from a seated position without assistance
- Description of the home setting and the ability to perform activities of daily living in the home

Physical examination that is relevant to mobility needs
- Weight and height
- Cardiopulmonary /Musculoskeletal examination
- Arm and leg strength and range of motion
- Neurological examination: Gait, Balance and coordination

The evaluation should paint a picture of the patient's functional abilities and limitations on a typical day. It should contain as much objective data as possible. How have these limitations interfere with the performance of activities of daily living in the home? How can a PMD help the patient that other ambulatory aids (canes, walkers, manual wheelchair) cannot? (The inability to have access to shops or doctor's office is NOT a qualification for coverage).